
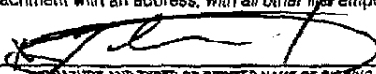


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000156830</b>				
1. Entity Name <b>S &amp; I ENTERPRISE TECHNOLOGY, INC.</b>				
Principal Place of Business <b>10300 SUNSET DRIVE SUITE 400 MIAMI, FL 33173</b>		Mailing Address <b>10300 SUNSET DRIVE SUITE 400 MIAMI, FL 33173</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1268319</b>
				Applied For Not Applicable
				6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>RAYA, RICARDO Z 10300 SUNSET DRIVE SUITE 400 MIAMI, FL 33173</b>			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RAYA, RICARDO Z</b>	NAME	<b>U00000543174</b>	
STREET ADDRESS	<b>ESQUINA DE MAMA EY A MONZON NO 23-02</b>	STREET ADDRESS	<b>05/10/06-80127-012 150.00</b>	
CITY-ST-ZIP	<b>CARACAS 1010 VENEZUELA.</b>	CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PERCY, WILLIAM M</b>	NAME		
STREET ADDRESS	<b>AVENIDA 104 NO 108-27</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>VENEZUELA.</b>	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.				
<b>SIGNATURE:</b> 			<b>X 2/20/06 X9548212584</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #